

District Name: \_\_\_\_\_

SCDE Receipt: \_\_\_\_\_

Financial Flexibility (provide additional forms as necessary)

Quarter: 1 ( ) 2 ( ) 3 ( ) 4 ( )

Transfer From (Include Program name and sub-fund \*)  
(Identify any prior carryover amounts)

Current Allocation (include carryover amounts here)

Transfer Amount (up to 100%)

Transfer to (Include Program name and sub-fund)


\* The appropriations excluded from this flexibility are listed in the Flexibility/Furlough/Expenditure Reporting Procedures in #5. Districts should use judicious caution when transferring any funds received through a competitive grant process.

Staffing Flexibility/Maximizing Resources (provide additional information as necessary)

(1) Our district suspended staffing ratios in the following areas:

(2) Our district delayed the following number of teacher contracts:

(3) The following number of contracts were not renewed

(4) Our district negotiated the following number of retiree salaries

(5) Our district furloughed teachers the following number of days

(6) Our district furloughed administrators the following number of days

(7) Our district has suspended the following noninstructional/nonessential programs for the 2015-16 school year.

District Approval: The signatures below certify that this action was approved at a regularly scheduled school board meeting.

Board Chair Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Completed by: (please print) \_\_\_\_\_

Date: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_